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ABSTRACT

Public health nurses (n=191) were queried regarding their observations of alienation in families who abuse their children. Comparison was made of social isolation and powerlessness in abusive families and a control group of non-abusive families, through the Internal-External Locus of Control Scale and FIRO-B, with significant differences noted in both social isolation and powerlessness. Nurse respondents provided additional information for comparison regarding support systems available to families in times of crisis, numbers of friends, communication with spouses, and integration into the community Interferences in learning of the parental role was assessed through a number of indicators including ability to deal with the child's behavior and the parent's unrealistic expectations of the child. All of the hypotheses were sustained with the exception of the unrealistic expectations of the child, which only partially discriminated at a significant level of confidence. (Author)

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LONELY PARENTS:

OBSERVATIONS BY PUBLIC HEALTH NURSES OF

ALIENATION IN CHILD ABUSE

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ABSTRACT

One hundred and ninety one public health nurses were queried regarding their observations of alienation in families who abuse their children. Comparison was made of social isolation and powerlessness in abusive families and a control group of non-abusive families, through the Internal-External Locus of Control Scale and FIRO-B, with significant differences noted in both social isolation and powerlessness. Nurse respondents provided additional information for comparison regarding support systems available to families in times of crisis, numbers of friends, communication with spouses, and integration into the community. Interferences in learning of the parental role was assessed through a number of indicators, including ability to deal with the child's behavior and the parent's unrealistic expectations of the child. All of the hypotheses were sustained with the exception of the unrealistic expectations of the child, which only partially discriminated at a significant level of confidence.

LONELY PARENTS:
OBSERVATIONS BY PUBLIC HEALTH NURSES OF
ALIENATION IN CHILD ABUSE

It has long been recognized that families who abuse their children are isolated and lonely; however, little effort has been made to determine the degree to which this alienation is experienced. Prior research in child abuse has been descriptive in nature, consisting of subjective observations, which lack empirical data to support claims of reliability and validity and with samples too small to allow generalizations.[1] Few investigators have actually attempted to test empirical hypotheses; thus their results are not too useful in elucidating ways in which families who abuse their children differ in alienation from those who do not abuse. This exploratory study compared alienation between a group of families who were recognized as abusive by Public Health nurses with a group of families with no history of abuse.

PROBLEM AND HYPOTHESES

Young, reporting on a study of 300 families known to welfare agencies, found that abusive parents generally trust no one, do not visit other people, and seldom invite others into their homes.[2] They rarely join groups or organizations, and tend to be possessive of their children. They oppose friendships and personal attachments between persons outside the family and their children. Elmer,[3] and other investigators,[4-7] report fewer sources of emotional support---fewer close friends, neighbors,

relatives, and fewer memberships in groups or organizations. Abusive parents lead lives which have been described as "alienated, asocial, or isolated". Helfer says a wall of isolation is built up, keeping an abusive parent from turning to others for help.[8]

Justice and Justice also report that a lot of anger and tension was built up between mates in their therapy group of abusive parents as a result of the parents being shut off from friends, from each other, and from their own feelings and needs.[9] Much of their therapeutic effort was focused on getting the abusive parents to "open up" and reach out.

Families of today reflect profoundly adverse effects of disorganization in American society. Bronfenbrenner comments:

> When relationships of emotional security and trust are undermined between family members, when it is made difficult to care for, educate and enjoy one's children, when there is no support or recognition from the outside world for one's role as a parent, and when time spent within one's family means frustration of career, personal fulfillment and peace of mind, consequences for the child are apparent not only in social and emotional maladjustment but even in actual antisocial acts injurious to the child...[10]

And as the family is rapidly transformed by those forces within society that isolate and fragment individuals still more, as family size continues to decrease and extended kin become increasingly inaccessible, many young people enter parenthood without any experience in the care of a child until having their own. It is within the family, we are

reminded, that the greatest of needs must be fulfilled---the development of a person---and to fulfill that essential task, its present isolation must somehow be broken.[11]

Isolation in abusive families is also accompanied by a sense of powerlessness. Powerlessness is the expectancy held by an individual that his own behavior cannot determine the outcome he seeks. This dimension of alienation has far-reaching consequences in the functioning of abusive parents.

A series of studies on different groups ranging from school children across the country,[12] to tuberculosis patients in Ohio,[13] have demonstrated that the sense of powerlessness is associated with inferior knowledge.[14] Seeman reported that low knowledge acquisition prevails not only for health relevant knowledge and school achievement, but for a broad range of control relevant knowledge, e.g., facts about housing integration among Blacks,[15] parole knowledge among reformatory inmates,[16] and political knowledge in the community at large.[17] By presumption, the sense of "low fate control" (or powerlessness) leads to poor learning. As the individual is convinced his rewards are not contingent upon his own behavior, there is not much instrumental value in learning or self improvement. This relationship between powerlessness and low knowledge acquisition has been shown to apply both cross-culturally and in a wide range of behavior relevant to information.[18-19]

The feeling of powerlessness is expressed clinically as the emotion of helplessness.[20] A sample of physicians and osteopaths recently identified feelings of helplessness in dealing with their child's crying, disobedience,

and misbehavior as the most striking characteristic they had observed in parents who had abused their child.[21] This helplessness which develops when a person believes himself unable to control the outcome of life events and fails to see that his actions make a difference, makes a person less motivated to try.[22] It may be hypothesized that parents who feel powerless do not learn how to deal constructively with their children.

A ramification of the lack of knowledge of parenting skills is seen in abusive parents' unrealistic expectations of their child. Many parents who abuse their children are lacking in information concerning child development and appropriate methods for modifying child behavior, about the wide range of individual differences in the ages in which children are biologically ready for such social acts as bladder or spincter control or reading readiness.[23-24]

It is not unusual for the Public Health nurse, on her home visit, to recognize a mother in extreme distress over the behavior of her child.[25] Because of training and experience, she can also establish an easy rapport with families and gain insight about their difficulties and problems. She usually has an intimate knowledge of the people involved, their cultural and social characteristics, their home environment, and may draw on her previous experiences with the families. The nurse may also gain easy access into homes. For many years, families in all walks of life have been sensitized to accept home visits from nurses than from any other health and welfare workers.[26]

HYPOTHESES

Two dimensions of alienation which have been shown to characterize

parents who abuse their children are social isolation and powerlessness. The following hypotheses were advanced and tested during the study:

Social Isolation Hypotheses. Parents who abuse their children, when compared to a control group, manifest significantly more social isolation.

1. This social isolation expresses itself in their reduced social relationships outside the family and in reduced support systems when they need someone to turn to in times of stress.
2. Isolated parents share less of themselves in communication with their spouses.
3. They also show less integration into the community through participation in organizations and associations.

Powerlessness Hypotheses. Parents who abuse their children, when compared to a control group, manifest significantly more powerlessness.

1. This powerlessness interferes with their learning of the parental role, as expressed in their helplessness to deal constructively with their children when they cry, misbehave, or disobey.
2. Their lack of knowledge of child development due to this powerlessness also leads these parents to hold unrealistic expectations of their children in areas such as toilet training, eating habits, and meeting the parents' own emotional needs.

METHODOLOGY

The study population was obtained from the 1974-1975 directory of Oklahoma Public Health nurses. Nurses were numbered sequentially in each county in the state, and even-numbered nurses were asked to indicate

families who had abused their children. A control group consisted of an equal number of nurses assigned odd-numbers, and asked to indicate families in which no abuse had ever occurred.

The study procedure consisted of a two-part mailed questionnaire designed to secure information about the families to be studied in the following areas: social background of parents and abused children; history and nature of the abuse act; social relationships, integration into the community, and functioning of the parents in the parental role; measures of social isolation and powerlessness; and attitudes of the nurses toward the perpetrators of abuse. Those nurses assigned even-numbers were to complete questionnaires from their experiences with abusive families with whom they had worked in the preceeding 6 months, while odd-numbered nurses were to respond from experiences with families who had never abused their children over the same period of time. This time provision reduced the number of usuable questionnaires, as many of the even-numbered nurses had not seen a family with abused children during that time. The questionnaires were accompanied by a letter of endorsement from the Director of Nurses of the State Health Department, which in part explained the high (80%) response to the survey.

INSTRUMENTS

Two well established instruments, the I-E Scale of Julian Rotter [27] and FIRO-B of William Schutz,[28] were used to secure the desired data on powerlessness and social isolation.

Rotter describes the I-E Scale as a 29-item fixed choice test whose items relate to the subject's expectancies about the world. It is an operational expression of the locus of control, differentiating between persons

with internal and external locus of control. The person seeing an event as contingent upon his own behavior or own characteristics is said to believe in internal control, whereas the person interpreting events as following upon some action, but not being entirely contingent upon it, as a result of chance or fate is said to believe in external control. Studies of reliability and discriminant validity show the I-E Scale to have reasonable homogenity or internal consistency, and good indiscriminant ability is indicated by low relationships with variables such as social desirability, adjustment, need for approval, or intelligence.

FIRO-B, the Fundamental Interpersonal Relations Scale, was selected as a measure of social isolation as it measures how an individual characteristically behaves as he relates to others in the areas of affection, control, and inclusion. It is composed of 53 items to be answered on a six-point Likert type scale. The Inclusion sub-scale of FIRO-B was used for the study as it measures the need to establish and maintain a satisfactory relationship with people.

Nine statements were also rated by nurse respondents on a six-point Likert type scale which ranged from "usually" to "never". These statements described the families' social relationships, support systems, communication with their spouses, ability to deal with their child's behavior, and unrealistic expectations of the child by the parent.

RESULTS

Social Isolation Hypotheses. When the social isolation score computed from the Inclusion sub-scale of FIRO-B was compared between the abuse and control groups, there was a significant difference ($X^2 = 40.28$, 27 df, $P = .05$; Cramer's $V = .84$). The direction was as hypothesized, with the

group of families who abused their children more socially isolated. This finding drew further support when other variables pertaining to social isolation were compared through analysis of the Likert scales. Abusive families were perceived by the nurses as having fewer friends outside the immediate family (X^2 = 7.52, 2 df, P = .02; Cramer's V = .39). They were also found, as anticipated, to have significantly fewer persons to whom they could turn in times of stress or crisis (X^2 = 6.22, 2 df, P = .05). Furthermore, the differences in the amount of sharing of communication between spouses in the abuse and control groups were significant, with less sharing by the abusive couples (X^2 = 14.21, 3 df, P = .0026; Cramer's V = .56). Other variables, such as the availability of books, magazines, transportation, and telephones measured the integration of the families into their communities. Only church membership and unlisted phones failed to discriminate between groups at extremely low levels of confidence. Thus we may conclude, with a reasonable degree of confidence, that all the hypotheses relating to social isolation are sustained by the data of the study.

(Insert Table 1 in the text here)

Powerlessness Hypotheses. As surmised, when the abusive group of families was compared with the non-abuse control group, their powerlessness score computed from the I-E Scale was remarkably larger (X^2 = 38.4, 1 df, P = .001). This remained true when factors of race, religion, age, and occupation were held constant.

(Insert Table 2 in the text here)

When learning of the parental role was analyzed through the parent's ability to deal constructively with the child's crying and misbehavior, significant differences were again noted between the abuse and control groups.

(Insert Table 3 in the text here)

The remaining cluster of variables measuring powerlessness referred to the unrealistic expectations held by the parent for the child, and surprisingly did not support the findings of the literature and of other investigations. In these two groups of families few differences were noted in their expectations of the child. Only one item, "Did they feel their preschoolers should know when they were upset and be especially good then?" discriminated between the groups at a significant level of confidence ($X^2 = 6.60$, 2 df, $P = .03$; Cramer's $V = .37$).

Previous findings have shown abusive parents to have a high expectancy and demand for the child's performance, and a corresponding disregard for the child's own needs, limited abilities, and helplessness. As the caseloads of Public Health nurses are comprised of families of a broad range of income levels, it is difficult to conclude if social class differences may have confounded these findings through differences in child rearing practices.

(Insert Table 4 in the text here)

Although the striking difference in powerlessness as measured by the I-E Scale between the abusive and control groups confirms the prediction

that the abusive group of families would be more powerless, the data are not as clear concerning the learning of the parental role. There are indications that abusive parents do not learn those skills necessary to cope with their child's behavior, but less indication that their powerlessness colors their expectations of the child. More controlled research seems indicated by this exploratory study to determine if this may be a function of social class differences in child rearing practices rather than a characteristic unique to abusive parents.

LIMITATIONS OF THE STUDY

Public Health nurses were chosen as respondents because of their ready access to homes throughout the state, and their training which enables them to recognize inappropriate child management practices and family dysfunctioning. Although it would have been desirable, if possible, to have queried abusive parents directly, they were not available to the investigator. While the validity of the nurses' perceptions of their families in responding to the instruments used to measure social isolation and powerlessness might be questioned, nevertheless, those findings were more than adequately substantiated by empirical data nurses supplied from their caserecords which differentiated between the abusive and control groups at even greater levels of significance. Additional support was afforded by the Likert scales through which the nurses indicated their observations of the families' functioning.

That respondents were unaware of the purpose of the instruments used to measure alienation, and answered without bias, was indicated by their

comments such as "What does this have to do with child abuse?" Another possible source of bias was avoided as questionnaires completed by nurses who indicated they were unfamiliar with their district or families were rejected. Comments accompanying questionnaires returned by nurses who had worked with abused children indicated they were strongly motivated to participate in the survey, thus it is felt that nurses who did not respond were probably ones without contact with the problem.

It is unfortunate that public health records contain no other indicator of social class than occupation, as findings would have been considerably strengthened if more stringent socio-economic controls had been possible.

SUMMARY

Previous research in the area of child abuse has revealed that persons who abuse their children are isolated, powerless, and lonely parents. This study was an attempt to explicate the factors of alienation which differentiate the abusive from the non-abusive family. One hundred and ninety-one Public Health nurses were contacted by questionnaire regarding families in their caseloads. Data regarding families who had abused their children were compared with a control group of families who had never abused their children.

As had been hypothesized, abusive families were found to be both more socially isolated and powerless. They have fewer social relationships outside the family, and fewer persons to whom they could turn in times of crisis. The latter is crucial, as families must have a way to use others meaningfully in order to be able to cope with the problems that arise with

children.

Abusive parents communicate less with their spouses, and their isolation is reduced only when they can accept the other's feelings in give and take and share more of themselves. The lack of integration of the abusive families into their community was indicated through a paucity of books, magazines, telephones, and transportation---contact with the outside world.

Even when race, religion, age, and occupation were considered, abusive parents scored higher in powerlessness than non-abusive parents. This powerlessness is reflected in their attitudes toward learning and self-improvement as parents. As they feel powerless they lack motivation to learn coping skills for use in modifying their child's behavior. Although it had also been anticipated that their lack of knowledge of child development would lead to unrealistic expectations of the child, the differences between the abusive and control groups were not significant, with the exception of one variable, "Did the parents feel their pre-schoolers should know when they were upset and be especially good then?" Investigators who have studied differences in child rearing practices---e.g., the ways in which infants and later children are fed, weaned, toilet trained, and disciplined---have found significant differences between middle and lower classes.[29] Thus it would not be safe to generalize too broadly from these firdings due to a possible confounding by social class differences due to the difficulty in matching abuse and control groups socio-economically.[30]

Nurse respondents, for the most part, saw abusive parents as persons in need of counseling or psychiatric treatment and supervision, rather than "bad" or criminals who should be jailed or in some other way punished.

Many expressed concern for the safety of the children involved, and frequently felt the child should be removed from the home until some assurance was received that treatment of the parents had been effective. Suggestions were made by some for improved education in child development, such as parenting classes in high schools. Others felt that laws relating to child abuse should be strengthened, to afford child abuse professionals more authority in working with families. A recurrent theme in all responses to the survey was the concern felt by Public Health nurses for the welfare of children in their families and willingness to become involved, with a recognition of the uniqueness of each child abuse situation and the need for individual evaluation.

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Table 1. A comparison of Integration into the Community of Abusive and Non-Abusive Families (by Chi Square).

Dimension of Social Isolation	X^2	df	P
Memberships			
Clubs	16.06	2	.0003*
Church	3.2	2	n.s.
Available in home			
Books	6.30	2	.04*
Magazines	21.60	2	.000*
Transportation	13.32	2	.004*
Telephone	18.01	2	.0004*
Unlisted number	3.73	2	n.s.+

*Significant at $< .05$ level of confidence.
+Incomplete information available.

Table 2. A Comparison of Powerlessness in Abusive and Non-Abusive Families, with Race, Religion, Age, and Occupation Constant (by Chi Square).

Dimension of Powerlessness	X^2	df	P
Controlling for			
Race	31.76	1	.01*
Religion	9.92	1	.01*
Age	14.40	1	.01*
Occupation	16.00	1	.01*

*Significant at < .05 level of confidence.

Table 3. A Comparison of Abusive and Non-Abusive Parents on Their Ability to Deal Constructively with the Child's Behavior (by Chi Square and Cramer's V).

Dimension of Powerlessness	X^2	df	P	V
Crying	9.86	3	.02*	.45
Misbehavior	10.88	2	.0043*	.49

*Significant at the $<.05$ level of confidence.

Table 4. A Comparison of Unrealistic Expectations of the Child by Abusive and Non-Abusive Parents (by Chi Square).

Dimension of Powerlessness	X^2	df	P
Feel that by age two child should respect and obey	2.47	2	.30
Attempt to toilet train child under age one	1.35	2	.69
Bothered when child under age three plays with food	2.60	3	.46
Feel their preschoolers should know when parents were upset and be good then	6.60	2	.03*

*Significant at the $< .05$ level of confidence.